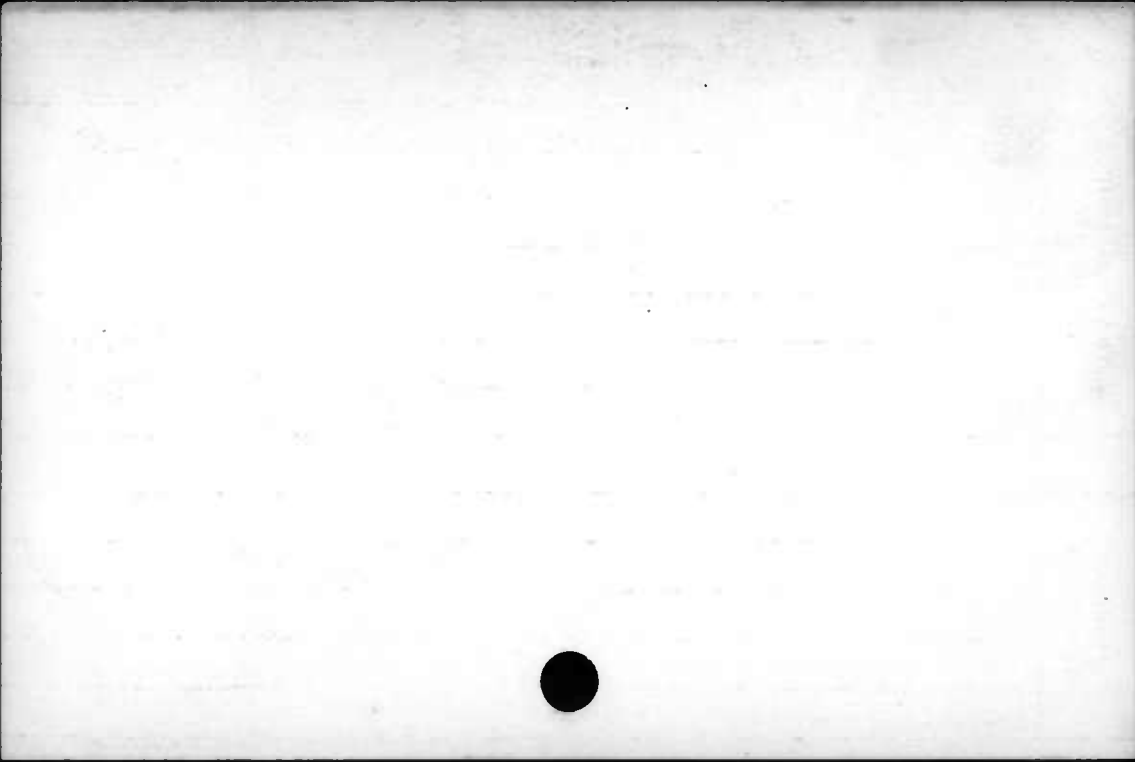


Name in Full <i>Barnes O. Barnes</i>		CERTIFICATE OF DEATH	
Died at <i>Prince</i> Tcwn <i>Andrie</i>		County <i>Calvert</i>	
Date of death <i>1905</i> Month <i>Feb.</i> Day <i>20</i>		Age <i>50</i> Months <i>3</i> Days	
Sex <i>Male</i> Color or Race <i>white</i>		Birth-place <i>Calvert Co.</i>	
Occupation <i>farmer</i>		Where Residing if not at place of death	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband	
Father's Name <i>Wm. Barnes</i>		Father's Birthplace <i>Cal. Co.</i>	
Mother's Maiden Name <i>Sallie Long</i>		Mother's Birthplace <i>" "</i>	
Name of person giving information <i>J. H. Barnes</i>		How related to deceased <i>brother</i>	
CAUSES OF DEATH			
Primary <i>Pneumonia</i>		How long <i>11 days</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. V. Leitch</i>	
		Address <i>Huntingtown Md.</i>	
Accident or Suicide?			



Name
in
Full

Ella M. Bowen

CERTIFICATE OF DEATH

38

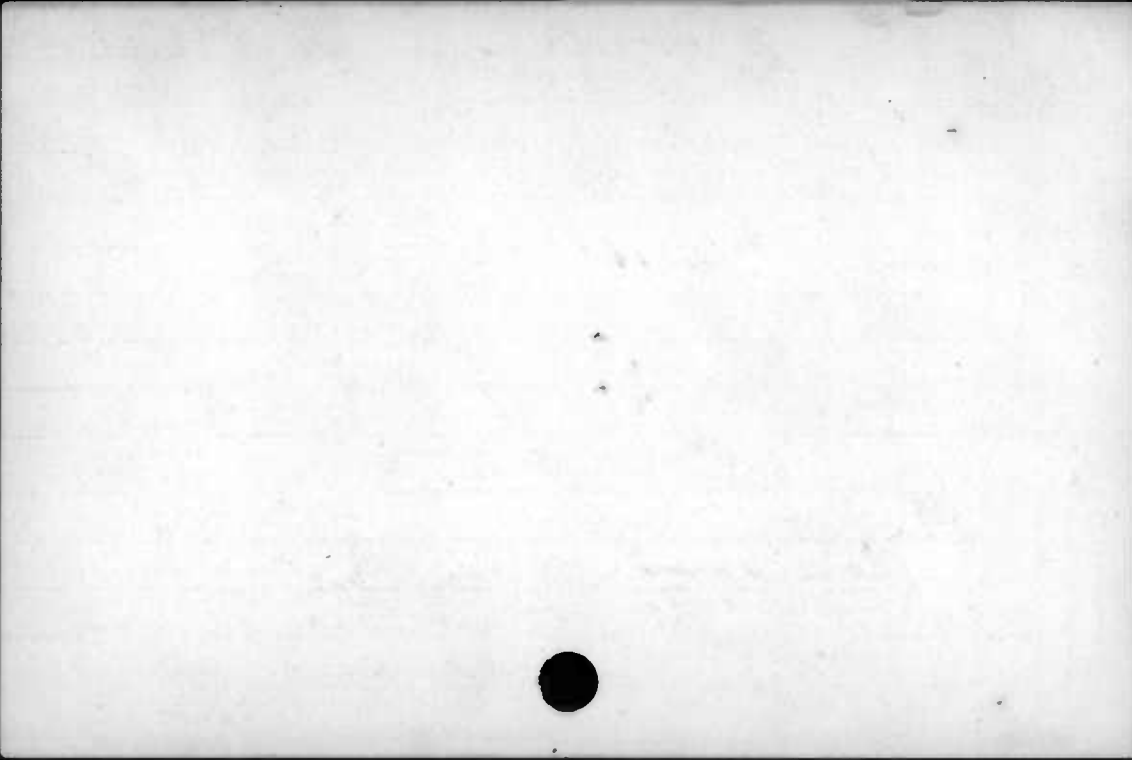
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pt. Republic</i>		Town <i>Calvert</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Feb.</i>	Day <i>16</i>	Years <i>40</i>	Months <i>5</i>	Days <i>16</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md.</i>				
Occupation <i>Housewife</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Thos. M. Bowen</i>						
Father's Name	<i>Adopted daughter of</i>				Father's Birthplace		
Mother's Maiden Name <i>Mrs. A. M. Talbott</i>					Mother's Birthplace		
Name of person giving information <i>Adm. F. Talbott</i>					How related to deceased <i>Son of Mrs. A. M. Talbott</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hypertension</i>	How long <i>10 days.</i>
Immediate <i>Apoplexy</i>	How long <i>5-10</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>[Signature]</i>
Accident or Suicide?	<i>mt</i>



Name
in
Full

Celina Coate

CERTIFICATE OF DEATH

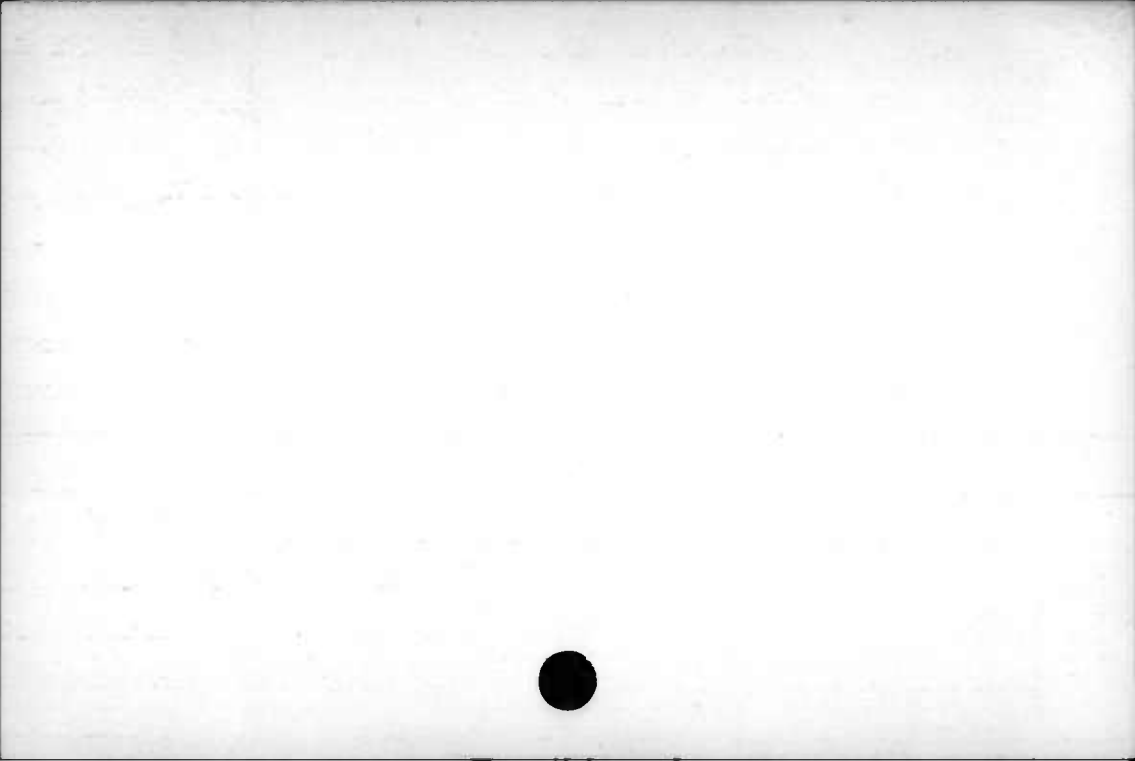
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Sherringtontown</i>		^{County} <i>Culbert</i>		MARYLAND	
Date of death	1905	Month	<i>Feb.</i>	Day	17
Sex <i>Female</i>		Color or Race <i>Black</i>		Years	Age <i>67</i>
Occupation		Where Residing if not at place of death		Months	Days
Married, Single or Widowed		Name of Wife or Husband <i>Charles Coate</i>			
Father's Name		<i>Not obtainable</i>		Father's Birthplace	
Mother's Maiden Name		<i>Not obtainable</i>		Mother's Birthplace	
Name of person giving information		<i>John Smith</i>		How related to deceased <i>none</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>93</i>
Immediate	<i>Accidental</i>	How long	<i>93</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Leitch</i>	
<i>yes</i>		Address <i>Sherringtontown</i>	
Accident or Suicide?		<i>yes</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Adelphia</i> ^{Town}		<i>Locust</i> ^{County}		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>July</i> ^{Day} <i>1</i> ^{Years} <i>75</i>		Age <i>75</i>		Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Mid</i>			
Occupation <i>Sailor</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>unknown</i>			
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>—</i>			
Name of person giving Information <i>J. E. Connor</i>		How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>154</i>
Immediate <i>Exhaustion</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. J. M. Kling</i>
	Address <i>Baltimore Md</i>
Accident or Suicide?	



Name
in
Full

Neal Gantt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

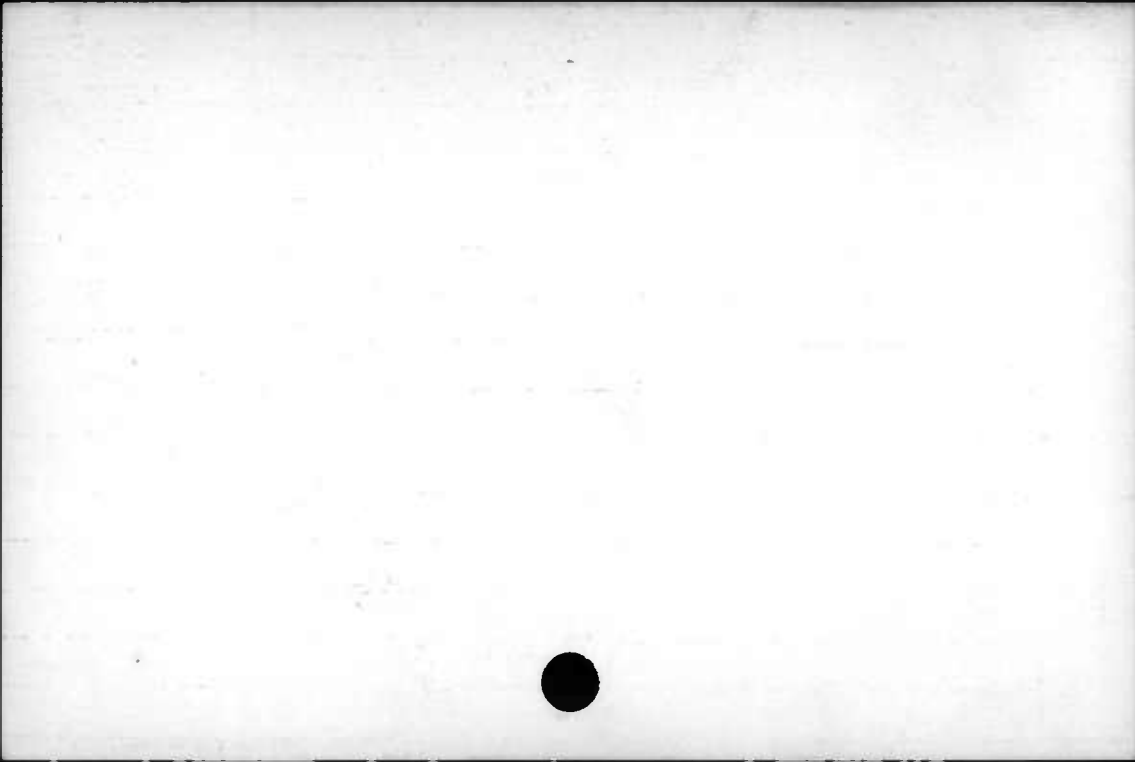
MARYLAND

Died at ^{Town} Huntingtown ^{County} Calvert									
Date of death	1905	Month	2nd	Day	17	Age	Years	Months	Days
Sex	male	Color or Race	Black	Birth-place	Huntingtown				
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name	William Gantt			Father's Birthplace	Cal. Co				
Mother's Maiden Name	Elizabeth Tyler			Mother's Birthplace	" "				
Name of person giving information	Benj. Tyler			How related to deceased	Uncle				

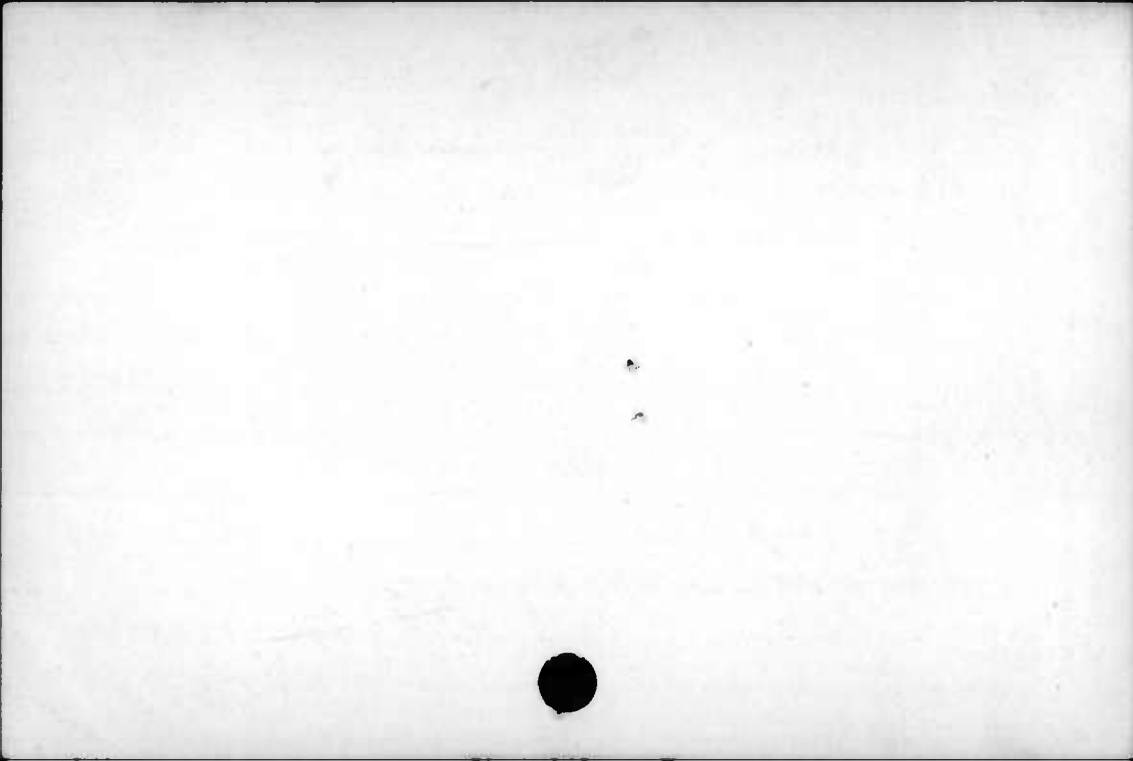
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	convulsions	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	H. W. Leitch
		Address	Huntingtown Md
Accident or Suicide?			



Name in Full		Grace E. Hardisty				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Towa Pt. Republic		County Calvert		31 MARYLAND	
	Date of death	1901	Month Feb	Day 21	Age 2	Months 2	Days
	Sex	Female		Color or Race	White		Birth-place Calvert Co.
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed				Name of Wife or Husband		
	Father's Name	Thos. Brooke Hardisty				Father's Birthplace	Calvert Co.
	Mother's Maiden Name	Sarah F. Rawlings				Mother's Birthplace	Calvert Co.
Name of person giving information	Thos. Brooke Hardisty				How related to deceased	Father	
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Typhoid Fever				How long	2 weeks
	Immediate	Dysentery				How long	1 "
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
	Accident or Suicide?						



Name
in
Full

Mary Hawkins

CERTIFICATE OF DEATH

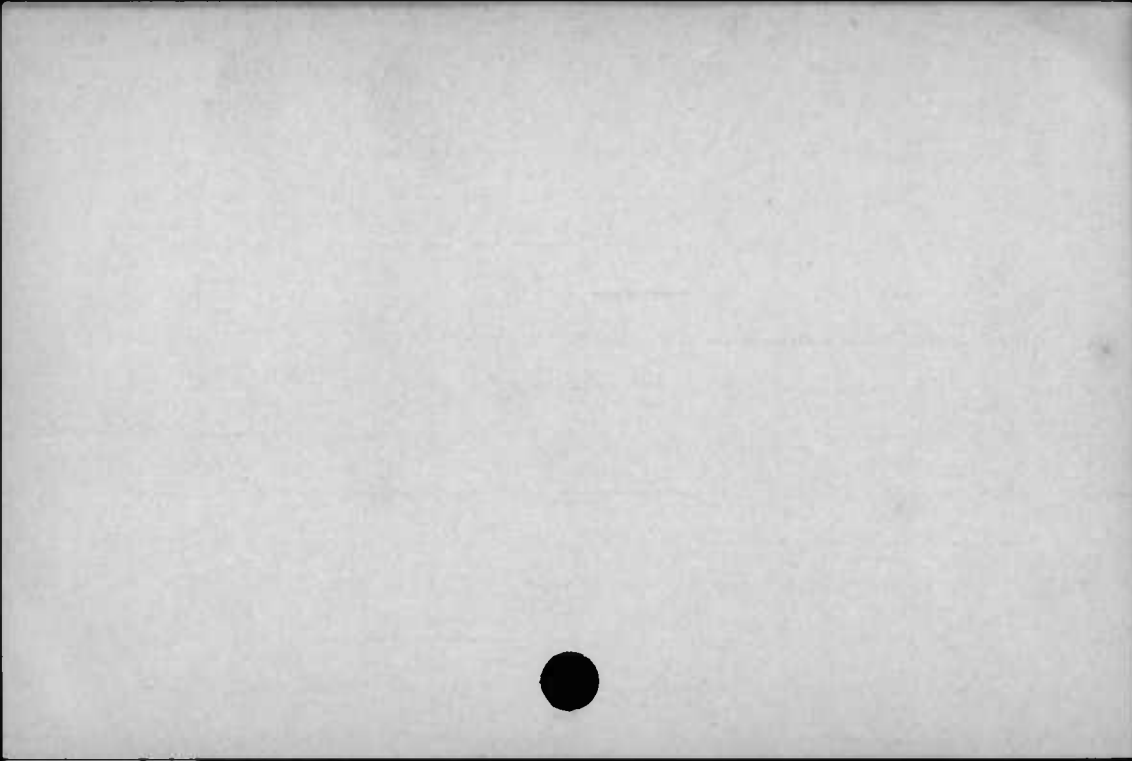
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u>		Town <u>Baltimore</u>		County <u>Calvert</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>Feb</u>	Day <u>1st</u>	Age <u>64</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <u>Mitchell Hawkins</u>			Father's Birthplace <u>Cal Co</u>				
Mother's Maiden Name			Mother's Birthplace <u>Cal Co</u>				
Name of person giving Information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Hemiplegia</u>	How long <u>64</u>
Immediate <u>General Paralysis</u>	How long <u>3y</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Thos M. Chaney</u>
	Address <u>Chapin</u>
Accident or Suicide?	<u>md</u>



Name
in
Full

Attcher & Hovocks

26
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIENDDied at *near natural*

County

MARYLAND

Date
of death *1905 Feb*

Month

Day

7

Years

Age

60

Months

Days

Sex *Colored*Color or
RaceBirth-
place*Calvert Co*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Isaac Hovocks*Father's
Birthplace*Calvert-co*Mother's
Maiden Name*Annarah Johnson*Mother's
Birthplace*" "*Name of person giving
In formation*Annie Dennis*How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

*Phos**Brooks*PHYSICIAN
OR CORONER

12

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

Sex

Occupation

Married, Single
or WidowedFather's
NameMother's
Maiden NameName of person giving
In formation

Town

County

Age

Years

Months

Days

Color of
RaceBirth-
placeWhere Residing if not
at place of deathName of Wife or
HusbandFather's
BirthplaceMother's
BirthplaceHow related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

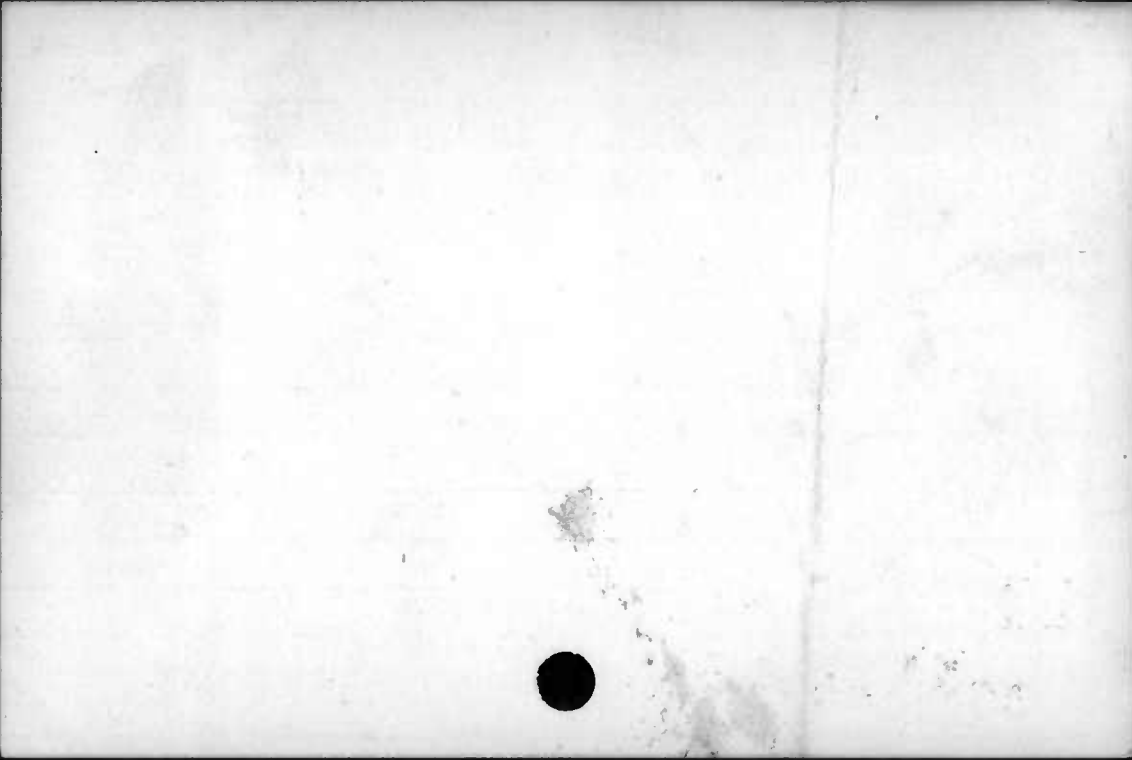
PHYSICIAN
OR CORONER



TO BE ANSWERED BY NEAREST FRIEND	Name in Full <i>Harriet Moore</i>		CERTIFICATE OF DEATH <i>3</i>	
	Died at <i>Calvert</i> Town		County	
	Date of death <i>1905 February 24</i>		Age <i>14</i>	
	Sex <i>female</i>		Color or Race <i>colored</i>	
	Occupation		Where Residing if not at place of death	
	Married, Single or Widowed <i>single</i>		Name of Wife or Husband	
	Father's Name <i>William Moore</i>		Father's Birthplace <i>Calvert</i>	
	Mother's Maiden Name <i>Emm</i>		Mother's Birthplace <i>Baltimore</i>	
Name of person giving information		How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	How long <i>3 months</i>
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	<i>John T. Brown</i>	Address <i>Wm. R. Po</i>
Accident or Suicide?		



Name
in
Full

27
CERTIFICATE OF DEATH

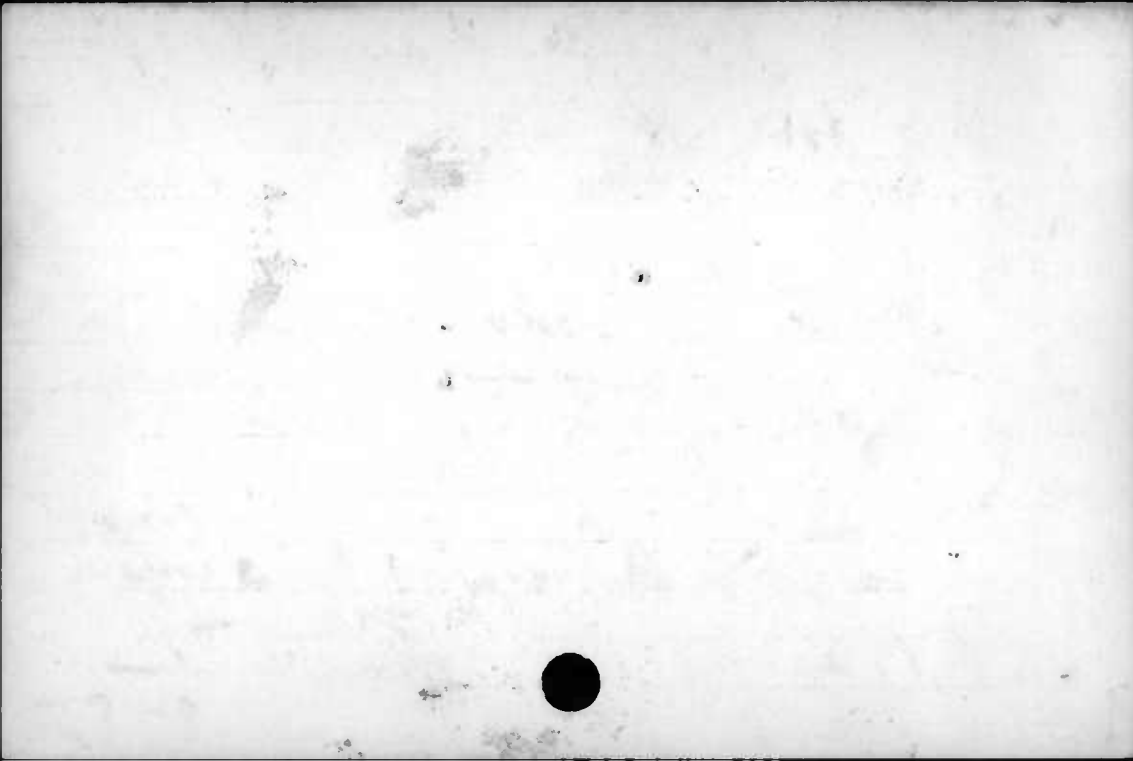
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near. Port Republic</i>		Town <i>Alburt</i>		County		MARYLAND	
Date of death	1905	Month	2nd	Day	8	Years	Age 43.
Sex	<i>Colored.</i>		Color or Race		Birthplace		<i>Philadelphia</i>
Occupation				Where Residing if not at place of death			
Married, Single		<i>married.</i>		Name of Wife or Husband			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

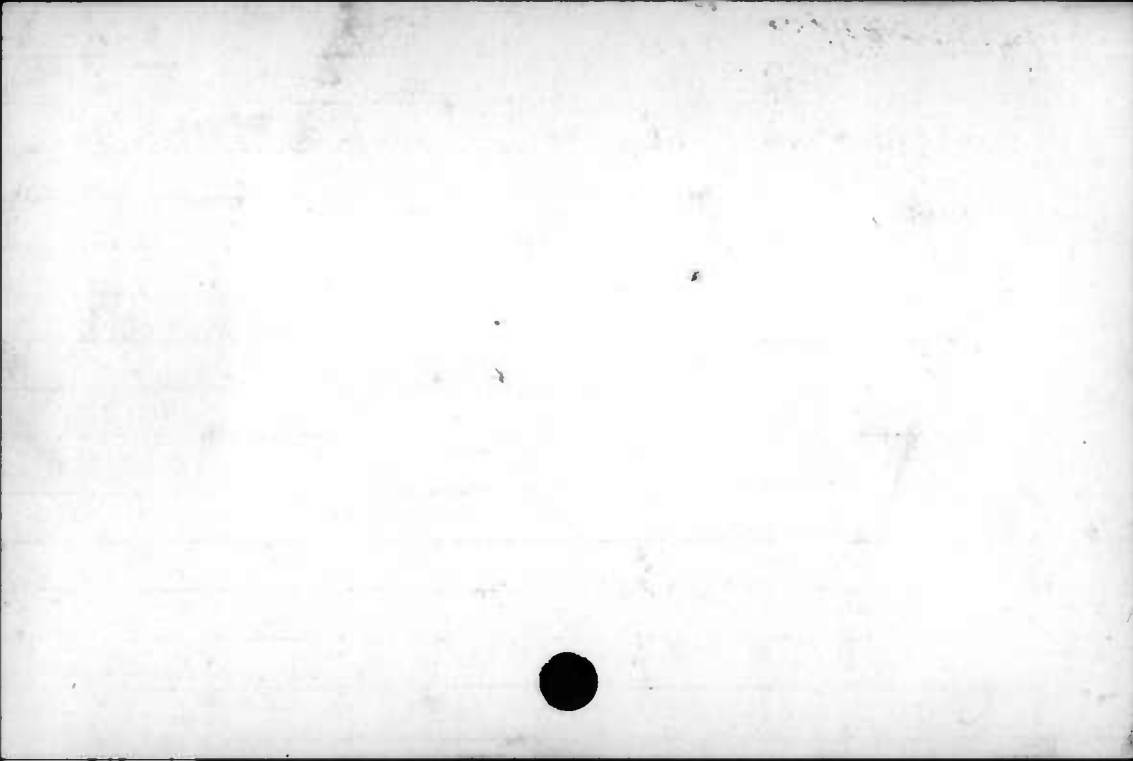
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name in Full Essie Thomas		CERTIFICATE OF DEATH 29	
TO BE ANSWERED BY NEAREST FRIEND	Died at Island Creek ^{Town} Calvert ^{County}		MARYLAND
	Date of death 1905 Feb 11	Age 5 Years	Months 5 Days
	Sex Female	Color or Race	Birth-place Island Creek
	Occupation		Where Residing if not at place of death
	Married, Single or Widowed		Name of Wife or Husband
	Father's Name David Thomas	Father's Birthplace Calvert Co	
	Mother's Maiden Name Levy Lewis	Mother's Birthplace " "	
Name of person giving information to the father		How related to deceased	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary		How long
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
			Address
	Accident or Suicide? No		



Name in Full		Annie Watts				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Sollors		Calvert		MARYLAND	
	Date of death	1905	Month 2	Day 24	Age	Years 10	Months - Days -
	Sex	Female		Color or Race	Colored		
	Occupation				Birth-place	Calvert co	
				Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		John Watts			Father's Birthplace Calvert co	
Mother's Maiden Name		Ella Hutchens			Mother's Birthplace Calvert co		
Name of person giving information		John Watts			How related to deceased		Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Dysentery				How long	
	Immediate	La Grippe				How long 10	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
	Accident or Suicide?				Dr. L. Tucker Cove Point Calvert co Md		

